

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1				
4		1				
5	1		1			
6	1	1		1		
7		1		1		
8		1		1		
9		1				
10	1		1			
11		1		1		
12		1		1		
13	1			1		
14	1			1		
15	1			1		
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49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	16	↔	16	↔	↔	
TOTAL CLAIMS	20		20			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↔		↔	↔	
TOTAL CLAIMS						